**See, Test & Treat® Program and Grant Application and Funding Guidelines**

**Grant Funding:**

The CAP Foundation provides grants up to $20,000 to support See, Test & Treat program expenses that other grants and in-kind donations do not cover. Grant funding is only provided to 501c3 organizations. This grant typically pays for items such as exam and laboratory supplies, equipment rental, promotional materials, educational aids, interpreters, translation of materials, patient transportation, and meals. *(Reference: Appendix 5 in the See, Test & Treat Standard Operating Procedures).*

As  See, Test & Treat continues to expand, we look to repeat programs to become more self-sustaining and actively pursue other sources of funding in addition to securing in-kind donations in the areas of refreshments/food, supplies, promotion and publicity.

**Application Submission**

As See, Test & Treat continues to demonstrate its impact on communities across the United States; we are experiencing an overwhelming response to host programs in many communities.

With over 30 programs in our 2018 pipeline, we are instituting a vetting process to determine the See, Test & Treat programs for next year.

**The 2018 See, Test & Treat RFA period will open on Thursday, June 15th and close at 5:00 pm CT on Friday, August 18, 2017. All sites wanting to host a program and apply for See, Test & Treat funding in 2018 must submit the following two documents by the August 18, 2017 deadline:**

1. Prescreening questionnaire
2. Program/Grant application

The CAP Foundation Grants Committee will review all applications and award funds on behalf of the CAP Foundation Board of Directors. Programs are evaluated on their ability to:

* Reduce barriers to cervical and breast cancer screening and follow-up care
* Advance early detection and treatment of cervical and breast cancers
* Provide measurable results and outcomes
* Utilize standardized procedures set forth by the CAP Foundation

**Funding Schedule**

All organizations applying for See, Test & Treat program grants from the CAP Foundation must demonstrate solid financial and program management.

The grant recipient will receive 50% of the award upon official approval of the application by the CAP Foundation Grants Committee. Each program is required to submit the See, Test & Treat outcomes data worksheet no later than 30 days following the program along with documented program costs to receive the balance of the funds. This aggregate-blind program data will be used to develop a formal research protocol to track and monitor the impact of See, Test & Treat and to improve the program design.

The CAP Foundation will not provide See, Test & Treat grants to the following entities:

* Individuals
* Social organizations
* Trade or business associations
* Memorials, such as cultural exchange programs or program to benefit any particular individual, including individual travel and/ or study

**Requirements of all See, Test & Treat programs:**

* CAP member pathologist program leaders or co-leaders
* Community of underserved women
* Hospital or clinic program host
* Partnership between pathologists and a volunteer, multidisciplinary clinical team and host site for care of patients.
* Capacity to provide a pelvic and breast exam, Pap test and mammogram to eligible women.
* Provision of same-day Pap test results delivered personally on-site.
* Provision of same day or prompt mammogram results (within one week)

**CAP Foundation See, Test & Treat Program Grants:** CAP Foundation encourages volunteerism whenever feasible and supports See, Test & Treat programs by procuring in-kind donations of testing kits and supplies, loaner equipment whenever possible, as well as knowledge sharing in terms of running effective programs.

* Medical equipment – (clinic site only) transporting or renting equipment to perform breast and cervical cancer screening
* Laboratory support personnel – laboratory staff necessary to perform the screening/tests during the program
* Testing/screening supplies necessary to perform breast exam, mammogram, fine-needle aspiration (FNA), pelvic exam Pap testing, HPV testing, colposcopy, and LEEP
* Marketing/Promotion – promotional activities and materials, such as posters and flyers to reach target patient population
* Temporary program coordinator – to plan and coordinate program logistics
* Interpreters and translated promotional and educational material
* Patient transportation vouchers
* Supplies for children’s activities
* Healthy breakfast and lunch

#### Requirements for Grant Funding Eligibility:

1. A CAP member pathologist to lead or co-lead a program to offer cervical and breast cancer screening to a U.S. community of underserved women.
2. The CAP member pathologist will partner with a volunteer, multidisciplinary clinical team and host site for care of patients.
3. A hospital/clinic program host with the capacity to provide a pelvic and breast exam, Pap test, and mammogram to eligible women.
4. A 501(c)(3)organization to act as recipient and fiduciary of CAP Foundation grant funding.
5. Provision of same-day Pap test results and same-day or prompt mammogram results (within one week).
6. Same-day results delivered face to face.
7. Establishment of a best practices protocol for delivering patient results that cannot be conveyed the same day. This may involve a phone call and certified letter to make sure patients are not lost to follow-up
8. Provision of available information about financial aid, charity programs, state or federal assistance, and health insurance market place exchange.
9. Adherence to the American Cancer Society (ACS), the American Congress of Obstetricians and Gynecologists (ACOG), and American College of Radiology (ACR) Guidelines.
10. Conformance with acceptable standards of practice for the screening and diagnosis of cervical and breast cancer.
11. Compliance with appropriate federal, state, and local health provider licensing and regulations for cervical and breast cancer screening.
12. Connection to follow-up care for patients with abnormal results.
13. Culturally sensitive, translated, patient-centered education and health information.
14. Completion of Patient Outcomes Data form. (Ref: *Appendix 4 in the See, Test & Treat Standard Operating Procedures*)

**SEE, TEST & TREAT® PROGRAM GRANT APPLICATION FORM**

The CAP Foundation invites approved program sites to apply for See, Test & Treat® grant funding up to $20,000 to support program expenses that other grants and in-kind donations do not cover. Grant funding is only provided to 501(c)3 organizations. This grant typically pays for items such as exam and laboratory supplies, equipment rental, promotion materials, education aids, interpreters, translation of materials, patient transportation, and meals.

1. **Program Host Information**
2. Name and address of institution/organization applying for See, Test & Treat grant:
3. See, Test & Treat program location:
4. Facility type:
	1. [ ]  Clinic
	2. [ ]  Hospital
	3. [ ]  Other (please specify)
5. Date(s) and duration of See, Test & Treat program:
6. Number of See, Test & Treat Programs previously held by this host (at this site):
	1. If this is a repeat program, tell us about:
		1. Your past event(s) including information about program components, patient findings and any other interesting outcomes that occurred
		2. Which program components will remain unchanged, what if any new processes, services be implemented or changed as a result of lessons learned from a past See, Test & Treat program that will improve your program
		3. Identified processes that would enable you to grow the program specific to:
			1. patient recruitment/registration -
			2. number of women served -
			3. screenings and/or testing services offered (excluding cervical and breast) -
			4. community partners -
			5. community attendees -
		4. Outside funding/support sources (area companies/employers, community grants, in-kind donations, discounted services, etc…) that you have identified and/or applied for that could reduce the amount of CAP Foundation grant funding needed for your program
7. **Target Patient Population**
8. Describe the programs anticipated impact on the community/region:
9. Who will benefit the most from the See, Test & Treat Program?
	1. Describe the target population (age group and ethnicity):
	2. If this is a repeat program, are you targeting a new, untapped at-risk population or the same population previously targeted? Yes [ ]  No [ ] . Please explain
	3. Why does this target population/community need a See, Test & Treat program? Include information such as area/target audience statistics, supporting outside data resources; community needs assessment information, etc.      .
10. What is preventing patients from receiving adequate care (check all that apply)? What data/evidence do you have supporting this?

|  |  |  |
| --- | --- | --- |
|  | **Barrier** | **Data/Statistics/Supporting Evidence** |
|[ ]  Underinsured |       |
|[ ]  No Insurance |       |
|[ ]  Inability to afford co-pays |       |
|[ ]  Lack of education |       |
|[ ]  Availability of child care |       |
|[ ]  Access to transportation |       |
|[ ]  Scheduling/work conflicts |       |
|[ ]  Weak social/family support |       |
|[ ]  Language barriers |       |
|  | Other:       |       |

1. **Patient Outreach**
2. Have you contacted area social workers, social service agencies, community leaders, local health providers and/or advocacy groups about this program? Yes [ ]  No [ ]
3. **If yes,** explain how these groups will support your See, Test & Treat Program?
4. **If no,** explain why these groups have not been contacted and/or why engagement is not needed.
5. Indicate which of the following are part of your patient recruitment efforts (check all that apply):
6. [ ]  Word of mouth
7. [ ]  Group meetings
8. [ ]  Personal visits
9. [ ]  Community announcements
10. [ ]  Media exposure
11. [ ]  Social Media
12. Other (please describe)
13. **Screenings and Other Services**
14. Does the program host site have the capability to screen, provide same-day results and education to a minimum of 50 women? Yes [ ]  No [ ]
15. Screening goal (number of women to be served):
16. Indicate the services/screenings that will be offered during the See, Test & Treat program:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service/Screening** | **Clinical Breast Exam** | **Pelvic Exam** | **PAP Testing** | **Screening Mammogram** | **HPV Testing** | **FNA** | **Colposcopy** | **Diagnostic Mammogram** | **LEEP** | **Other** |
| What screenings or preventive services will be provided? |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| What screenings or preventive services will be provided with same-day results? |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Number of estimated tests/screenings |       |       |       |       |       |       |       |       |       |       |
| Other (please specify)\* |       |

* 1. \*If you indicated that you plan to provide “Other” services, please explain the medical need in the targeted community:
1. What patient testing guidelines will be followed for:
	1. Pap testing:
	2. Mammography:
	3. HPV testing:
2. Describe how you plan to ensure same-day results are available (Pap and mammogram):
	1. If same-day results are not available, describe how you will manage the delivery of results to patients:
3. If you find positive diagnosis (abnormal pap or mammogram), how will you treat the patient – specifically:
	1. What is the usual and customary treatment followed for women requiring further diagnostic services?
	2. Where are women being referred if they need additional care and/or follow-up services?
	3. What is your institution’s policy on providing and/or referring a woman requiring further medical services?
4. Describe how women will be triaged into long term reliable primary care or sustainable family care?
5. Describe the pathologist’s/pathology’s role in planning, coordinating, and participating in the program, including specimen management, interpretation, patient education, and result reporting.
6. Are the screenings that would be offered at this SEE, TEST & TREAT a current part of the organization’s community outreach? Yes [ ]  No [ ]
7. Does your organization have any programs in place that provide the same types of screening available through the STT program? Yes [ ]  No [ ]
	1. If yes, please explain why your organization needs a See, Test & Treat program?
8. Does the organization already host a health fair of which See, Test & Treat would become a part? Yes [ ]  No [ ]
9. Will SEE, TEST & TREAT be secondary to other events taking place on the program day? Yes [ ]  No [ ]
10. How will you (the host site) collect required See, Test & Treat outcomes data *(Reference – Appendix 4 in the See, Test & Treat*® *Standard Operating Procedures Manual*)?
11. **Patient Education**
12. Indicate what type of patient education (topic is listed below and the mode of delivery is listed on the right) will be offered during the See, Test & Treat program. If your target population does not require the need for interpreters or bilingual presenters, please mark those columns ‘N/A’:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Brochures/ Handouts** | **Classroom Lectures/Talks** | **Interactive Education (touchable exhibits & models)** | **Culturally appropriate translated information** | **Bilingual Presenters/ Instructors** | **Health Fair** |
| Breast Health | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ] N/A [ ]  | Yes [ ]  No [ ]  |
| Cervical Health | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ] N/A [ ]  | Yes [ ]  No [ ]  |
| Healthy Lifestyle (e.g. exercise, smoking cessation, etc.) | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ] N/A [ ]  | Yes [ ]  No [ ]  |
| Nutrition | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ] N/A [ ]  | Yes [ ]  No [ ]  |
| Pathologists and their role in diagnosing disease | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ] N/A [ ]  | Yes [ ]  No [ ]  |
| Financial Counseling/Health Insurance Enrollment | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ] N/A [ ]  | Yes [ ]  No [ ]  |
| Information on other available Community Resources | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ] N/A [ ]  | Yes [ ]  No [ ]  |
| Other (please specify):       | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  N/A [ ]  | Yes [ ]  No [ ]  |

1. **Funding Request**
2. Using the list below, provide a detailed budget to indicate the requested funding amounts along with a corresponding breakdown of the items to be funded in each category. Grants are available; up to $20,000 for each program site (specific amounts to be awarded will be determined by the CAP Foundation Grants Committee).

|  |  |
| --- | --- |
| **Suggested Grant Funding Utilization** | **Requested Grant Amount****Please provide detailed information (use separate sheet if necessary)** |
| Medical Equipment (clinic only) – costs associated with transport or rental of equipment to perform services indicated in question 6       |       |
| Testing Supplies       |       |
| Temporary Program Coordinator       |       |
| Laboratory Support Personnel       |       |
| Marketing/Promotion       |       |
| Translation Services (print materials and on-site)       |       |
| Transportation       |       |
| Children’s’ Activities       |       |
| Meals       |       |
| Other – please list and explain:       |       |
| Total Requested Grant Amount for Other: |       |
| **Total Requested Amount:** |  |

1. **Need for Program Funding**
2. Describe your organization; explain why your organization needs this funding:
3. Is this program being funded by any other organization than the CAP Foundation? Yes [ ]  No [ ]
	1. **If yes** – please provide additional detail (e.g. the source of funding, type of funding [monetary or in-kind], amount and purpose).
	2. **If no** – have you identified community funders/partners you intend to pursue? Who, and in which ways would they support your program (e.g. monetary support or in-kind donations)?
4. Describe the impact on the community/region if the program is not funded:
5. Please share any additional information that you feel should be considered in evaluating your request to host a See, Test & Treat Program. For example: unique features or services your institution offers that would strengthen the overall program, special impact the program would have on the community, ability to gather critical data related to population health, etc…
6. **Volunteers and Supporting Partners**
7. Please list the names/titles of key leadership within your institution(s) that have committed to the program along with any community partners (e.g. lead pathologist, chair of radiology department, administrators, chair of gynecology department, etc…):
8. What type of volunteers (medical and non-medical) will your program enlist? On a separate sheet, provide a listing of all volunteers and their proposed roles. (*Reference Appendix 6 in the See, Test & Treat Operating Procedures for example workshee*t).

Thank you for taking the time to thoughtfully prepare this See, Test & Treat® program and grant application. We hope it has given you and your team a chance to think through and evaluate the specifics involved in hosting a program and that you now feel even more confident as you move forward. The CAP Foundation Strategic Programs Committee will review and reach out to you with the next steps in the SEE, TEST & TREAT hosting process. If you have questions, please do not hesitate to contact CAP Foundation Director of Programs, Marci Zerante (847-832-7656 or mzerant@cap.org).

The submission of this signed application indicates your commitment to hosting a See, Test & Treat® program. CAP Foundation staff will assist you and your team in the planning and execution of the program. If there are any changes or issues that significantly impact your ability to continue with hosting the program after this point, please inform CAP Foundation Staff.

By selecting the "I Accept" button, you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.

[ ]  I Accept - Lead Pathologist Signature

[ ]  I Accept - Authorized Institutional Leadership Signature

Please return your completed See, Test & Treat Program/Grant Application to Julia Rankenburg at jranken@cap.org or fax to 847-832-8931.